

# REPUBLICAN ALTERNATIVE FY2008 BUDGET RESOLUTION

*Veterans' health care:*

Funds VA today and into the future:

## FY08 GOP VA Discretionary Budget - A Strong Commitment to America's Veterans -

	Budget Authority (\$ billions)						2008- 2012	5 Yr Avg. Growth
	2007	2008	2009	2010	2011	2012		
Baseline	36.457	37.651	38.74	39.874	41.063	42.272	199.6	3.00%
President	36.457	39.549	39.552	39.555	39.558	39.562	197.8	1.60%
Democrats	36.457	43.055	44.3	45.597	46.957	48.339	228.2	5.80%
<b>GOP Proposal</b>	<b>36.457</b>	<b>42.356</b>	<b>45.532</b>	<b>47.58</b>	<b>49.21</b>	<b>51.542</b>	<b>236.2</b>	<b>7.20%</b>

**\$42.4 billion in Veterans Discretionary Healthcare and Programs, almost \$3 billion above the Administration's request.**

The House Republican alternative budget resolution reflects policy guidance offered by the Committee on Veterans' Affairs Republican members in their budget views and estimates, which added \$1.4 billion to the administration's FY 2008 request. Building on the process started with the budget views and estimates, the House Republican alternative budget provides an additional \$1.5 billion above the views and estimates.

The additional increase in the Republican alternative budget would support:

**Medical Services** - Republican views and estimates recommended an \$850.2 million increase over the Administration's request. The Republican alternative budget includes another \$463 million increase for a total of \$1.3 billion more than the Administration's request of \$27.2 billion.

*The recommendation of an additional \$1.3 billion for Medical Services would support additional funding for the following:*

- *\$463 million Medical Patient Workload*
  - Meet increased demand for healthcare and provide timely and accessible high-quality health care to core constituency veterans – the service-connected disabled, injured and indigent.
  - Reduce waiting times for specialty care and improve access to specialty care in rural areas.
- *\$100 million for Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF)*
- *\$50 million for VA's Polytrauma System of Care*
  - Establish better clinical diagnosis and treatment of Traumatic Brain Injury (TBI) including additional training for all VA health care professionals.
- *\$65 million for Prosthetic and Sensory Aids*
  - Support appropriate and timely access to the latest prosthetic technologies and devices for recent combat-injured veterans and other veteran amputees.
  - Designate qualified prosthetic representatives in each VISN to ensure uniform implementation of VA prosthetic policies and guidelines.
- *\$80.2 million for Long-term care*
  - Improve specialized long-term care services for veterans with spinal cord injuries.
  - Improve nursing home programs to meet the needs of younger combat injured veterans.
- *\$10 million for Case Management for Seamless Transition*
  - Provide VA the ability to hire 100 new social workers to provide additional case management inside military treatment facilities.
- *\$200 million for Mental Health*
  - Continue implementation of mental health initiatives begun in 2005 to address deficiencies and gaps in services.

- Additionally, this funding will help support VA's suicide prevention initiative, where VA is hiring suicide prevention coordinators at each of the 155 medical centers at \$66,767 plus benefits which is over \$10 million for salaries alone.
- *\$100 million for Chiropractic Care*
  - Support the hiring of an additional 125 Doctors of Chiropractic to include chiropractic care at all 155 VA medical centers.
- *\$25 million for Blind Rehabilitation Services*
  - Increase the number of Blind Rehabilitation Outpatient Specialists at VA facilities as required by law and enhance access and quality of services for blinded veterans.
  - Expand capacity to provide computer access evaluation and training for blinded veterans.
- *\$100 million for Dental Care*
  - Many OIF/OEF active duty, Guard, and Reserve servicemembers are returning with serious dental problems, and are not receiving corrective dental care prior to separation from active duty. VA is then obligated to treat these separated servicemembers, usually through costly contract care.
- *\$60 million for Medical Care Collections Fund (MCCF)*
  - We remain concerned that VA cannot meet its estimated collections goal. VA projects a 7% increase in collections over the 2007 level, but achieved only a 5% increase last year.
- *\$60 million for Emergency Preparedness*
  - Support training employees for emergencies, decontamination and other programs that will aid veterans in time of crisis.

**Medical Facilities - Republican views and estimates recommended an \$80 million increase over the Administration's request. The Republican alternative budget includes another \$505 million increase for a total of \$585 million more than the Administration's request of \$3.6 billion.**

- An additional \$585 million for Medical Facilities would support funding to take immediate corrective action for the maintenance and operation of VA's more than

1400 sites of care in response to the Secretary's March 2007 environment of care review.

**Medical and Prosthetic Research - Republican views and estimates recommended a \$51 million increase over the Administration's request. The Republican alternative budget includes another \$40 million increase for a total of \$91 million more than the Administration's request of \$411 million.**

- This includes a recommendation of \$60 million for targeted research to promote the successful rehabilitation, psychological adjustment and reintegration of veterans who suffer with traumatic brain injuries.

**VHA Major Construction Projects - Republican views and estimates recommended a \$231 million increase over the Administration's request. The Republican alternative budget includes another \$460.6 million increase for a total of \$691.7 million more than the Administration's request.**

***The recommendation of an additional \$691.7 million for VHA Major Construction would support additional funding for the following:***

- \$508.6 million to complete partially funded projects in FY 2008. These projects are:
  - \$103.8 million for seismic corrections in Los Angeles, CA
  - \$25.8 million for operating suite replacement in Columbia, MO
  - \$92 million for facility and cemetery improvements in St. Louis, MO
  - \$32.5 million spinal cord injury center in Milwaukee, WI
  - \$59.9 million for clinical addition in Fayetteville, AR
  - \$105.5 million for campus consolidation in Pittsburg, PA
  - \$89 million for outpatient clinic in Lee County, FL
- \$146 million for advanced planning and design for the 27 FY 2008 prioritized major construction projects:

*We recommend use of the Charleston model wherever appropriate.*

- \$8 million for polytrauma expansion in Tampa, FL
- \$1.9 million for nursing home seismic corrections in Seattle, WA
- \$6.9 million for facility improvements in Bay Pines, FL
- \$26.6 million for new medical facility in Louisville, KY
- \$14 million for ambulatory care seismic corrections in Palo Alto, CA

- \$2.5 million for seismic corrections in American Lake, WA
  - \$3.6 million for seismic corrections in Roseburg, OR
  - \$2.9 million for Spinal Cord Injury Center in Dallas, TX
  - \$4.1 million for Spinal Cord Injury Center in Bronx, NY
  - \$4.4 million for seismic corrections in San Francisco, CA
  - \$7.5 million for seismic corrections in Los Angeles, CA
  - \$2.2 million for outpatient clinic in Butler, PA
  - \$6.6 million for mental health building seismic corrections in Seattle, WA
  - \$3 million for East Bay Outpatient Clinic in Palo Alto, CA
  - \$8.6 million for outpatient expansion in Washington, DC
  - \$2 million for clinical addition in Salisbury, NC
  - \$6 million for outpatient building in Loma Linda, CA
  - \$3.7 million for facility modernization and expansion in Wichita, KS
  - \$2.3 million for outpatient addition in Fayetteville, NC
  - \$2.6 million for facility renovation in Columbia, SC
  - \$6 million for clinical expansion in Dallas, TX
  - \$1.6 million for Huntsville Outpatient Clinic in Birmingham, AL
  - \$2.5 million for N. Alameda County Outpatient Clinic in Alameda, CA
  - \$2.6 million for Nursing Home Care Unit in Perry Point, MD
  - \$5.2 million for clinical ward tower in West Haven, CT
  - \$7.8 million for facility improvements in Omaha, NE
  - \$1.8 million for outpatient expansion in Asheville, NC
- \$36.8 million to carry out section 804 of Public Law 109-461 for the design of a co-located joint-use medical facility in Charleston, South Carolina.

**Grants for Construction of State Extended Care Facilities - \$120 million, \$35 million more than the Administration's request of \$85 million, to support the long-standing and honored partnership between federal and state governments for cost sharing.**

**Disability assistance and economic opportunity:**

**Bringing Down the Claims Backlog**

*More VBA Adjudicators*

- \$7.8 million for 100 FTEE for the Education Service
- \$28.5 million for 300 FTEE for Vocational Rehab Service
- \$65.4 million for 600 FTEE for Compensation and Pension Service

*Mobile Claims Offices*

- \$2 million for a pilot program on Mobile Claims Offices.

- VBA staff members in mobile offices helping veterans with their claims could speed up the claims process by improving communication and access for veterans.

#### *Pilot Program for Rules Based Adjudication*

- \$5 million for a pilot program to develop a rules-based adjudication system for compensation and pension programs.
- This could reduce the backlog by allowing a computer to accurately adjudicate simple claims, allowing human adjudicators to work on more complex cases at a faster rate.

#### *Intergovernmental Partnerships*

- \$6 million for a pilot program to explore the feasibility of intergovernmental partnerships in the development of compensation and pension claims between VA and municipal, county and state veterans departments and VSO's
- Pilot to occur in three states: New York, Missouri, and Wyoming, or other states with varied veteran demographics.
- This expanded pilot would build on findings from the 2002 intergovernmental pilot conducted between VA's Buffalo, NY, regional office and the New York State Division of Veterans Affairs.

#### *Business Processing Reengineering (BPR)*

- \$25 million for BPR to reengineer and streamline the claims process and implement major business process changes.

#### Memorial Affairs:

- **\$60 million to accelerate VA's five-year strategic plan to fund National Cemetery gravesite expansion in the following places**
  - Annville, PA
  - Canton, GA
  - Elwood, IL
  - Riverside, CA
  - Calverton, NY
  - Houston, TX
  - Dayton OH
  - Phoenix, AZ